

American of German descent, who now lives in my district. Mr. Jacobs published a book earlier in the year, *The Prison Called Hohenasperg* that details his account of internment in the United States and Germany. Mr. Jacobs and his family spent time at Ellis Island, Crystal City, TX, and finally a prison camp in Germany. The event that put Mr. Jacobs ordeal in motion was the leveling of unsubstantiated, anonymous charges against his father.

The book has generated national interest. The November 1st edition of the American Library Association's Booklist offered the following review of the book:

There has been very little written about the terrible punishment that was meted out to thousands of German Americans during World War II. That's why Jacob's book is an important one. This modest tome opens up a hidden and disgraceful chapter in our history for all to see.

The internment of Mr. Jacobs and his family was not an isolated case. Arnold Kramer, a Texas A&M professor specializing in European history and author of *Undue Process: The Untold Story of America's German Alien Internees*, observed in his book that about 15 percent of the 10,905 German aliens and Americans interned were committed Nazis, while the rest "were ordinary American citizens."

In the 48 hours following the bombing of Pearl Harbor President Franklin Roosevelt issued Proclamation 2525, 2526, and 2527, which authorized restrictive rules for aliens of Japanese, German, and Italian descent, respectively. These proclamations coupled with Executive Order 9066, which authorized the War Department to exclude certain persons from designated military areas, resulted in hardships and the deprivation of certain fundamental rights for the targeted populations. A 1980 Congressional Research Service Report, *The Internment of German and Italian Aliens Compared With the Internment of Japanese Aliens in the United States During World War II: A Brief History and Analysis*, revealed that the War Department would not support the "collective evacuation of German and Italian aliens from the West Coast or from anywhere else in the United States" but would authorize individual exclusion orders "against both aliens and citizens under the authority of Executive Order 9066." In other words, German and Italian Americans and aliens could still be denied basic civil liberties because of their heritage.

Ideally, Congress would address both the Italian American and German American experience during World War II. On a per capita basis, it appears that significantly more Americans or aliens of German descent were interned than Italian Americans. According to *Personal Justice Denied*, a report of the Commission on Wartime Relocation and Internment of Civilians issued in 1982, the Justice Department had interned 1,393 Germans and 264 Italians by February 16, 1942. Moreover, the Commission's report contains evidence that German Americans were considered to be more of a threat than Italian Americans. For instance, the Secretary of War in 1942 instructed the military commander in charge of

implementing Executive Order 9066 to consider plans for excluding German aliens, but to ignore the Italians. And later in the year, the Attorney General announced that Italians would no longer be considered "aliens of enemy nationality." No such clarification was ever issued for German Americans. Finally, President Franklin Roosevelt dismissed the threat of those of Italian descent living in America, referring to them as "a lot of opera singers."

As we reach the end of the century, I urge my colleagues to pursue a full historical accounting of the experiences of all Americans who suffered discrimination during the Second World War as expeditiously as possible.

HEALTHCARE RESEARCH AND QUALITY ACT OF 1999

SPEECH OF

HON. TOM BILEY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Mr. BILEY. Mr. Speaker, I am pleased that we are witnessing today the passage of legislation that is critical to improving the quality of health care in this country. The Healthcare Research and Quality Act of 1999 will significantly increase health care research and science-based evidence to improve the quality of patient care.

The health care system is a dramatically different system today than a decade ago when the Congress established the Agency for Health Care Policy and Research. The financing and delivery of health care has changed as we have moved to more complex systems such as managed care. At the same time, there has been an explosion of new medical information stemming from our biomedical research advances. As a result, patients and providers face increased difficulty in tracking and understanding the latest scientific findings.

The legislation we are passing today represents the joint efforts of Senators FRIST, JEFFORDS and KENNEDY, together with Representatives BILIRAKIS, DINGELL, and BROWN. Senator FRIST introduced the first version of this bill in June of 1998, and until last week this legislation was considered (and passed) as part of the Patient's Bill of Rights Act in that body. In the House, Representative BILIRAKIS introduced a companion bill, H.R. 2506, on September 14, 1999. Following Commerce committee hearings and mark-ups, the House voted overwhelmingly—417 to 7—to pass H.R. 2506 on September 28, 1999. Late last week, the Senate separated the AHCPR legislation from its Patients' Bill of Rights, and passed S. 580 by unanimous consent. This bill, which is before us today, reflects agreement between the authorizing House and Senate committees on legislation that each body has acted on with the broadest bipartisan support.

S. 580 reauthorizes the Agency for Health Care Policy and Research for fiscal years 2000–2005, renames the agency the "Agency for Healthcare Research and Quality," and refocuses the agency's mission to become the

focal point for supporting federal health care research and quality improvement activities.

The new Agency for Healthcare Research and Quality will: promote quality by sharing information regarding medical advances; build public-private partnerships to advance and share true quality measures; report annually on the state of quality, and cost, of the nation's healthcare; aggressively support improved information systems for health quality; support primary care research, and address issues of access in underserved areas and among priority populations; facilitate innovation in patient care with streamlined evaluation and assessment of new technologies; and coordinate quality improvement efforts of the federal government to avoid disjointed, uncoordinated, or duplicative efforts.

AHCPR fills a vital federal role by investing in health services research to ensure we reap the full rewards of our investment in basic and biomedical research. AHCPR takes these medical advances and helps us understand how to best utilize these advances in daily clinical practice. The Agency has demonstrated their ability to close this gap between basic research and clinical practice.

As I noted earlier, S. 580 contains some modifications that reflect agreement between the authorizing House and Senate committees. I will not list all of the changes we have made, but I would like to highlight a few.

First, I am pleased that our bill has an increased emphasis on research regarding the delivery of health care in inner city and rural areas and of health care issues for priority populations including low-income groups, minority groups, women, children, the elderly, and individuals with special health care needs including individuals with disabilities and individuals who need chronic care or end-of-life health care. The legislation will ensure that individuals with special health care needs will be addressed throughout the research portfolio of the Agency.

A second provision included in the bill which I believe is extremely important for improving the health of our nation's children is the authorization to provide support for payments to children's hospitals for graduate medical education programs. The bill authorizes funding to the 59 freestanding children's hospital across the country that do not receive any GME funds today. These 59 hospitals represent over 20 percent of the total number of children's hospitals in the U.S. and they train nearly 30 percent of the nation's pediatricians, about 50 percent of all pediatric specialists, and over 65 percent of all pediatric specialists. I believe this is a strong addition to our bill which will ensure the training of pediatric physicians to improve the quality of health care for our children.

Mr. Speaker, this legislation would not have come to fruition without the contributions of many individuals. I would like to take this moment to express my gratitude to Representatives BILIRAKIS, DINGELL, and BROWN, and to Senator FRIST and his colleagues. I look forward to witnessing the enactment of S. 580 into law this year which will greatly improve the quality of health care for all Americans.